



10-07-04.

PATENT
450100-03200

21748

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hideyuki AGATA et al.

Serial No. : 09/844,563

Filing Date : April 27, 2001

For : INFORMATION PROCESSING APPARATUS AND
METHOD AND PROGRAM AND PROGRAM
STORAGE MEDIUM

Examiner : Truc T. Chuong

Group Art Unit : 2174

RECEIVED

OCT 1 8 2004

Technology Center 2100

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV468996718US

Date of Deposit: October 6, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Barnet Shindman

(Typed or printed name of person mailing paper or fee)

Paul Shindman

(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 7, 2004, please amend the above-identified application as follows:



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Technology Center 2100

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Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

745 Fifth Avenue
New York NY 10151

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

☒ The fee has been calculated as shown below.

☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

{PRIVATE }Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	22	Minus	= 22	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 ×	\$88(44)	= 00.00
				Total additional fee for this amendment		\$00.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$300 (\$150) has been previously paid ☐, or is paid herewith ☐.

☒ This response is being filed within the third month following the expiration of the term originally set therefor. This is a petition to request a three-month extension of time. A check covering the cost of the petition is enclosed.

☒ A check in the amount of \$980.00 is attached, which covers the cost of ☐ additional claims ☒ petition for extension of time.

☐ Charge \$ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Alexandria, VA 22313-1450.

Barnet Shindelman

(Typed or printed name of person mailing paper or fee)

Bar Shindelman

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

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Tel. (212) 588-0800

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